

June 30, 2015

Diane Jackson, APRN (Chair) Members,
407 Technical Review Committee
c/o Matt Gelvin
Administrator, Credentialing Review Program
Department of Health and Human Services
Licensure Unit
P.O. Box 95026
Lincoln, NE 68509-5026

Dear Ms. Jackson and Members of the Committee:

On behalf of the Nebraska State Assembly of the Association of Surgical Technologists (NE-AST) and our national organizations the Association of Surgical Technologists (AST) and the Association of Surgical Assistants (ASA), we would like to provide you with our recommendations as answers to the following questions and issues that you have requested to be addressed at the Public Hearing on July 8, 2015 in the document that was posted to the credentialing review website.

**Questions and Issues the Committee Members want addressed at their
Public Hearing on July 8, 2015:**

1. Comments regarding the definition of ‘misdemeanors’ being used. What are some examples?

NE-AST, AST and ASA will not provide a recommendation related to this area as this is not a technical question related to the practice of the professions of surgical technology and surgical assisting.

2. Comments on ‘due diligence’ pertinent to the following items NOT being included in the surgical first assistant scope of practice:

- a. positioning the patient,**
- b. preparing and draping the patient for the operative procedure,**
- c. providing visualization of the operative site**
- d. applying wound dressings**

The American College of Surgeons AST have nationally-approved a job description for surgical technologists that includes all of the tasks listed above as surgical technology tasks and functions. Including these tasks in the surgical assistant license and scope of practice would prevent surgical technologists from performing these functions that are historically and currently part of their job.

NE-AST, AST and ASA would recommend that the above items be included in the surgical technologist range of functions and that the surgical assistant license scope of practice read as follows:

- 1. Performing all tasks included in the surgical technologist range of functions

2. Providing visualization of the operative site through the placement of retractors
3. Assisting with hemostasis
4. Closure of body planes, including only the subcutaneous and skin layer
5. Applying appropriate immobilizing wound dressings
6. Providing assistance in securing drainage systems to tissue
7. Preparing but not procuring grafts after they have been removed from the patient by the surgeon

8. Performing tasks delegatable under the personal supervision of a licensed physician

It should also be noted that the American College of Surgeons, ASA and AST have a nationally-approved job description for surgical assistants to include the task of postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon. It is our recommendation that this task be included in the surgical assistant scope of practice as well.

3. Comments on the role of surgical first assistants in the closure of body planes, if any.

The American College of Surgeons, ASA and AST have nationally approved the following job description for surgical assistants related to closure of body planes:

5. Utilizing appropriate techniques to assist with closure of body planes
 - A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material
 - B. Utilizing subcuticular closure technique with or without adhesive skin closure strips
 - C. Closing skin with method indicated by surgeon (suture, staples, etc)

NE-AST, AST and ASA would recommend utilizing the nationally approved description in defining "closure of body planes" in the scope of practice for the surgical assistant in Nebraska.

4. Comments on the role of surgical first assistants in preparing specimens, grafts, etc., if any.

Surgical assistants assist in preparing specimens and grafts. This includes handling specimens such as skin grafts and biopsy samples after they have been removed from the patient. Surgical assistants often prepare replacement Anterior Cruciate Ligaments (ACLs) at the backtable. The surgeon removes a hamstring muscle from the patient. Then, at the backtable, the surgical assistant removes the muscle tissue. The remaining tendon is fortified by the surgical assistant. The surgeon then uses the new Anterior Cruciate Ligament and places it in the patient.

NE-AST, AST and ASA would recommend that the scope of practice for the surgical assistant license in the state of Nebraska include the task of preparing grafts, after they have been removed from the patient by the surgeon. The Core Curriculum for Surgical Assisting, which is taught in accredited surgical assisting programs, includes graft care.

5. Comments regarding who should or should not be required to sit for the surgical technologist assessment procedure.

NE-AST, AST and ASA agree that the competence of all surgical technologists in the state should be assessed prior to an individual being placed on the surgical technologist registry and being allowed to function in the surgical technology profession to ensure quality patient care.

Surgical technologists who are currently Certified Surgical Technologists (CSTs) should not go through a competency assessment to be placed on the registry. Certified Surgical Technologists have already demonstrated competency. Surgical technologists who are CST certified have:

1. Graduated from an accredited surgical technology program which are 18-24 months in length with many months of clinical training;

2. Passed the national surgical technologist certifying exam administered by the National Board of Surgical Technology and Surgical Assisting, (a non-profit certifying agency); and
3. Maintain current competency through required continuing education.

Currently Certified Surgical Technologists are required to complete 60 continuing education hours in a four-year period to maintain the CST credential.

The passage of the national surgical technologist certifying exam and maintenance of the Certified Surgical Technologist credential is utilized in several other states as the highest level of competence and is required as a condition of employment.

Members of the Nebraska State Assembly of the Association of Surgical Technologists met with members of the Department of Health and Human Services on June 30th to discuss the potential of recognizing the national surgical technologist certifying exam as a method of establishing competence for surgical technologists seeking to be placed on the registry. We were assured that this was an acceptable pathway to establish the potential registrant's competence.

Competency Demonstration Proposal

The NE-AST and AST recommendation remains that two pathways be allowed for potential surgical technologist registrants to establish their competence to be placed on the surgical technologist registry in the state of Nebraska.

1) If the potential registrant is currently a CST (Certified Surgical Technologist), they would need to provide a copy of their current certification card that will serve as proof of passage of the national surgical technologist certifying exam establishing their competence as a surgical technologist.

OR

2) If the potential registrant is not currently a CST (Certified Surgical Technologist), they would need to submit a certification of competency assessment completed by a qualified licensed health care professional with at least 2 years of operating room experience to establish their competence as surgical technologist.

6. Comments regarding which board or boards should administer the regulation of surgical technologists and surgical first assistants?

It was recommended by the applicant group at the technical review committee meeting on June 18th that the surgical assistant license would be administered by the Board of Medicine in Surgery and that at the time they were uncertain as to which board would administer the surgical technologist registry.

The Board of Health or the Board of Medicine administers most registries for surgical technologists in other states. It is the opinion of NE-AST and AST that the registry should be administered by the same board as the surgical assistant licensure as the two professions are so closely related and are a stepping stone to one another. Testimony by the Director of Government and Public Affairs from the Association of Surgical Technologists will be made at the public hearing related to this concern.

7. Comments regarding which health professionals should administer or evaluate the competency assessment for surgical technologists?

According to the amendment that was proposed "a determination will be made by a licensed health care professional and placed in writing that the surgical technologist is competent to perform the following tasks...". NE-AST and AST would recommend that the wording be changed to reflect a "qualified licensed health care professional with at least two years of operating room experience." The operating room is a unique environment, one that many licensed health care professionals do not

practice in, making them ill-equipped to properly determine if a surgical technologist seeking to be on the registry is competent in the tasks that are required to be assessed. Prior operating room experience is essential to establish the base knowledge for a licensed health care professional to adequately assess the competence of a surgical technologist seeking registration.

8. Comment on the nature of the assessment process for surgical technologists: Is it a formal examination? Or is it an interview? Or something else?

According to the amendment that has been made to the application;

As part of the registry application, a determination will be made by a licensed health care professional and placed in writing that the surgical technologist is competent to perform the following activities:

1. Checks supplies and assess the functionality of equipment needed for surgical procedure,
2. Scrubs, gowns and gloves,
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure,
4. Performs appropriate counts with circulator prior to the operation and before incision is closed,
5. Gowns and gloves surgeon and assistants,
6. Helps in draping sterile field,
7. Passes instruments, etc., to surgeon during procedure,
8. Maintains highest standard of sterile technique during procedure,
9. Prepares sterile dressings,
10. Cleans and prepares instruments for terminal sterilization,
11. Assists other members of team with terminal cleaning of room, and
12. Assists in prepping room for the next patient.

These skills that are listed are complex and include many intricacies. It is our recommendation that to accurately assess these skills the potential registrant would actually have to demonstrate them and would not be able to simply take an exam to establish their competence.

9. Comment on the idea of defining a scope of practice for surgical first assistants and a range of functions for surgical technologists under the terms of the proposal, with the exception that surgical first assistants would have both a scope of practice and a range of functions, whereas surgical technologists would only have a range of functions.

NE-AST, AST and ASA endorse the definition of a range of functions of the surgical technologist and a scope of practice for the surgical assistant that includes a clause stating that a surgical assistant can perform all of the tasks included in the surgical technologist range of functions as well as the tasks included in the surgical assistant scope of practice.

We recommend the following range of functions for the surgical technologist:

Surgical technologists perform the following tasks or functions:

- a) preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely;
- b) preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique;
- c) anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure; and
- d) performing tasks in an operating room setting in the sterile field, including the following:
 - (1) scrubbing, gowning and gloving as required for the procedure being performed;
 - (2) participating in the "Surgical Time Out" to ensure correct patient identification, correct surgery site and correct surgical procedure;

- (3) recognizing and correcting breaks in the sterile field to maintain the highest standard of sterile technique throughout the procedure;
 - (4) passing supplies, equipment or instruments to the surgeon and/or other qualified surgical team members;
 - (5) applying drapes to the patient to create the sterile field;
 - (6) gowning and gloving additional surgical team members;
 - (7) sponging or suctioning an operative site;
 - (8) preparing and cutting suture material;
 - (9) transferring and irrigating with fluids;
 - (10) transferring but not administering medications within the sterile field, according to applicable law following verification and distribution by the registered nurse to the sterile field;
 - (11) handling specimens;
 - (12) holding retractors and other instruments including endoscopes to assist in the visualization of surgical site as directed by a licensed independent practitioner;
 - (13) applying electrocautery to clamps that have been placed by a licensed practitioner on bleeders as directed by a licensed independent practitioner;
 - (14) connecting drains to a suction apparatus under personal supervision by a licensed independent practitioner;
 - (15) applying skin staples and skin adhesive under personal supervision by another licensed health care professional who approximates wound edges;
 - (16) applying dressings to closed wounds;
 - (17) counting sponges, needles, supplies, and instruments as appropriate for the procedure being performed with the registered nurse circulator prior to the operation and before the incision is closed;
 - (18) cleaning and preparing instruments for sterilization on completion of the surgery; and
 - (19) assisting the surgical team with cleaning of the operating room on completion of the surgery.
- e) performing tasks in an operating room setting in the unsterile role as an assistant to and under the supervision of the circulating nurse, including the following:
- (1) Verifying and obtaining appropriate sterile and unsterile items needed for procedure
 - (2) Opening sterile supplies
 - (3) Transferring the patient to operating room table
 - (4) Providing comfort and safety measures as well as verbal and tactile reassurance to the patient
 - (5) Assisting anesthesia personnel
 - (6) Positioning the patient, using appropriate equipment and safety precautions
 - (7) Applying electrosurgical grounding pads, tourniquets, monitors, etc., before the procedure begins
 - (8) Preparing the patient's skin prior to draping by the surgical team by applying the appropriate skin preparation solution and shaving as ordered by the surgeon
 - (9) Performing urinary catheterization when necessary
 - (10) Anticipating additional supplies needed during the procedure
 - (11) Properly caring for specimens
 - (12) Securing dressings after incision closure
 - (13) Assisting in transport of the patient to the recovery room or critical care area
 - (14) Assisting in cleaning of the operating room and preparing for the next surgical procedure

We would recommend the following scope of practice for the surgical assistant:

1. Performing all tasks included in the surgical technologist range of functions
2. Providing visualization of the operative site through the placement of retractors

3. Assisting with hemostasis
4. Assisting with closure of body planes, including only the subcutaneous and skin layer
5. Applying appropriate immobilizing wound dressings
6. Providing assistance in securing drainage systems to tissue
7. Preparing but not procuring specimens, such as grafts after they have been removed from the patient by the surgeon
8. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon.
9. Performing tasks delegatable under the personal supervision of a licensed physician

Respectfully,

Casey Glassburner, CST, F.A.S.T.

President

Nebraska State Assembly of the Association of Surgical Technologists

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